

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Victim/Witness Assistance Program

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** VW09280090 **DATE OF SITE VISIT:** 06/22/2010
2. **GRANT PERIOD:** 07/01/2009 - 06/30/2010
3. **RECIPIENT/IMPLEMENTING AGENCY:**
County of El Dorado District Attorney's Office
4. **PROJECT DIRECTOR:**
Vern R. Pierson

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Susan Meyer(routine prog. duties)</u>	<u>Program Coordinator</u>	<u>DA's Office, V.W.</u>
<u>Jodi Albin</u>	<u>Financial Officer (fiscal)</u>	<u>DA's Office, VW</u>
<u>Cheryl Warchol (VS grant)</u>	<u>Victim Advocate</u>	<u>DA's Office, V.W.</u>
<u>Vern R. Pierson(brief introduction)</u>	<u>D.A./Project Director</u>	<u>DA's Office</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Signature of Program Specialist

09/01/10
Date

Signature of Section Chief

9/1/10
Date

Signature of Project Representative

Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Form A, Employee Dishonesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Form B, Forgery Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Document from El Dorado County Planning Services, Principle Planner

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SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒☐☐

Comments:

obtained resolution from the Board of Supervisors

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒☐☐

Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

☒☐☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
 - Job application ☒ ☐ ☐
 - Resume ☒ ☐ ☐
 - Performance evaluations ☒ ☐ ☐
 - Salary rates ☒ ☐ ☐
 - Benefits ☒ ☐ ☐
 - Current job duties/descriptions ☒ ☐ ☐
 - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

Note hours plus description of what is done daily.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
 - Name of individual who approves purchases.
Vern R. Pierson, Jodi Albin, Corey Henderson
 - Name of individual who writes checks.
Auditor - local checks
 - Name of individual(s) who signs checks.
Joe Harn - County Auditor

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

YES NO N/A

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? ☒ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds? ☐ ☐ ☒

Comments:

Equipment - fixed assets system, tag #, county records. IT tracks serial numbers. Have a mainframe system, Index Codes for each program. Through payroll, information is entered in system, have time studies.

11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant? ☒ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? ☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? ☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201? ☒ ☐ ☐

Comments:

12. MATCH REQUIREMENTS

- Does the project have a match requirement? ☒ ☐ ☐
- Is the project meeting the match requirement? ☒ ☐ ☐
- Review the supporting documentation to substantiate cash or in-kind match. ☒ ☐ ☐

Comments:

13. EEO POLICY

- Go over EEO checklist. (Separate document) ☒ ☐ ☐

Comments:

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SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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Comments:

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

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Comments:

Damion system.

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

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Comments:

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

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Checklist Items	Yes	No	Comments
SUPPLEMENTAL PROGRAMMATIC REVIEW	VW09280090		
1. MANDATORY SERVICES			
a. Crisis Intervention			
(1) Provide in person/telephone contacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide crisis intervention and arrange for needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Emergency Assistance			
(1) Arrange emergency assistance within the first 24 hours after initial contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written procedures in place for disbursing funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) OA(s) on file with service providers (i.e. shelters)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Resource and Referral Assistance			
(1) Provide non-emergency referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Direct Counseling			
(1) Provide in person or telephone guidance and/or emotional support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If counseling is provided, it is at a level that does not require a licensed professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) If counseling is referred, OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Victims of Crime Claims			
(1) Assist clients in preparing applications for compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Advocate is aware their role does not include determination of eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Is a joint Powers unit locally located	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Property Return			
(1) Assist in the return of property held as evidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If property cannot be returned, an explanation is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Checklist Items	Yes	No	Comments
SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)			
1. MANDATORY SERVICES (Continued)			
g. Orientation to the Criminal Justice System			
(1) Provide information on the location, procedures, and functions of local criminal justice agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written material/brochures are available in languages appropriate to local ethnic needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Court Escort			
(1) Provide physical accompaniment during court appearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide physical accompaniment during interviews with law enforcement and prosecution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Presentations and Training for Criminal Justice Agencies			
(1) Conduct informational presentations regarding resources available through V/W Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Conduct informational presentations explaining the rights and needs of victims	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Public Presentations and Publicity			
(1) Promote public awareness of V/W services through public media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Conduct presentations to victim service organizations and community groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Participate in Victims' Rights Week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Case Status/Case Disposition			
(1) Advise victim of the progress and disposition of case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Assist victim with preparing Victim Impact Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Notification of Family/Friends			
(1) Notify victim's relatives and/or friends of the occurrence of the crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. Employer Notification			
(1) Notify employer that client was a victim/witness to a crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Encourage employer to minimize any loss of pay or other benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Checklist Items	Yes	No	Comments
SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)			
1. MANDATORY SERVICES (Continued)			
n. Restitution			
(1) Assist in obtaining restitution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. OPTIONAL SERVICES			
(1) Employer Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Creditor Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Child Care Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(4) Witness Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(5) Funeral Arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(6) Crime Prevention Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(7) Witness Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(8) Temporary Restraining Order (TRO) Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(9) Transportation Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(10) Court Waiting Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. AGENCY ORGANIZATION			
a. Facility			
(1) V/W Center is open during normal business hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Waiting Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Private Interview Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Personnel & Organization			
(1) Reporting lines of Authority are consistent with the Project Contact Information form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Authorization for additional signature authority is current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Evidence of completion of 40 hour Entry-Level Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)			

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b. Personnel & Organization (Continued)

(4) Evidence of completion of Advance Training, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cheryl Warchol attended entry-level advocate training in March, will be able to attend advanced training in the future.
(5) Evidence of completion of Coordinator's Training, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(6) Volunteers utilized as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
During the grant year, conduct a minimum of 12 local meetings of the operational participants in the (original) RFP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Comments / Notes: